MAHC Community Mental Health Clinic
Questionnaire

Please answer the following questions to the best of your ability. Your answers will help us to better understand what concerns you may be having now. This will also help us focus on specific issues andmore efficiently use your time with us.

Identifying Information

1. Date: _____ Full Name: _____
(Rank/Rate) (Last) (First) (MI)

2. SSN: _____-_____-_____ Birth Date: _____ Age: _____

3. Work Phone: _____ Home Phone: _____ Current Address: _____

4. Department: _____ Division: _____ Supervisor: _____ Branch: USA Other: _____

5. Total # of years and months active duty: _____ Time left on this enlistment: _____ Job Title: _____

6. Date reported to Command? _____ When are you due to transfer? _____

7. Do you like this assignment? _____ Did you want this assignment? _____

8. Who referred you to this clinic? _____ Did you want this appointment? _____

Current Problems/Concerns:

9. Reason for Visit: Why are you here today? What concerns or problems brought you to the clinic? _____

_____

_____

PLEASE CHECK THE SYMPTOMS WHICH APPLY TO YOU.

Pain
- ☐ Head
- ☐ Abdomen
- ☐ Back
- ☐ Joints
- ☐ Extremities
- ☐ Chest

G.I.
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Acid Indigestion

Neuro
- ☐ Impaired balance
- ☐ Dizziness
- ☐ Vertigo
- ☐ Weakness
- ☐ Loss of consciousness

Conversion Symptoms
- ☐ Paralysis
- ☐ Vision Loss
- ☐ Hearing Loss
- ☐ Other

Aggression
- ☐ Assault on people
- ☐ Destruction of objects

Physical
- ☐ Headache
- ☐ Dizziness
- ☐ Blurred vision
- ☐ Vomiting
- ☐ Light/noise sensitivity
- ☐ Fatigue

Cognition
- ☐ Poor memory
- ☐ Confusion
- ☐ Trouble concentrating
- ☐ Trouble reading
- ☐ Slowed thinking

Emotional
- ☐ Change in personality
- ☐ Mood swings
- ☐ Temper Outbursts
- ☐ Loss in interest
- ☐ Withdrawal

- ☐ Numbing, detachment, lack of emotions
- ☐ Reduced awareness, being in a daze
- ☐ Feelings that things are unreal or dream-like
- ☐ Depression
- ☐ Periods of Amnesia

- ☐ Re-experiencing
- ☐ Recurrent images, thoughts and feelings
- ☐ Nightmares, intense arousal at reminders

- ☐ Avoidance of Stimuli
- ☐ Anxiety or Increased Arousal
- ☐ Sleep delay or interruption

- ☐ Irritability
- ☐ Poor concentration
- ☐ Exaggerated startle response (jumpy)

- ☐ Thoughts of harming yourself
- ☐ Thoughts of harming someone else / others'

- ☐ Depressive mood
- ☐ Unable to experience pleasure
- ☐ Weight / Appetite ☐ Loss or ☐ Gain
- ☐ Sleep Disturbance ☐ Insomnia ☐ over sleeping
- ☐ Physically ☐ **Restless** or ☐ Slowed down
- ☐ Fatigue / loss of energy
- ☐ Feelings of worthlessness
- ☐ Inappropriate / excessive guilt
- ☐ Poor concentration or indecisiveness
- ☐ Recurrent thoughts of death or suicidal ideas

- ☐ Distinct period of elevated mood
- ☐ Inflated self-esteem or grandiosity
- ☐ Decreased need for sleep
- ☐ More talkative / pressured speech
- ☐ Flight of ideas / racing thoughts
- ☐ Distractibility
- ☐ Starting too many projects / always on the go

- ☐ Panic Attack
- ☐ Palpitation
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Short of breath/smothering
- ☐ Choking
- ☐ Chest Pain
- ☐ Nausea or abdominal distress
- ☐ Dizzy, unsteady, lightheaded, faint
- ☐ Feeling unreal or outside yourself
- ☐ Fear of losing control or going crazy
- ☐ Fear of dying
- ☐ Numbness and tingling
- ☐ Chills or hot flashes

- ☐ Hearing or seeing things that other people don't seem to respond to.
- ☐ Belief that someone is out to get you.
  - ☐ Hallucinations ☐ Paranoia
  - ☐ Delusions ☐ Thought blocking
  - ☐ Illusions
  - ☐ Feeling random events have personal meaning ☐ Often lose train of thought
- ☐ Feeling that people are putting their thoughts into your head

- ☐ **Operational Stressors**
  - ☐ Non-Combat Severe Event
  - ☐ Peer / Unit Conflict ☐ Character Factors
  - ☐ Leadership Conflict ☐ Pre-existing Condition

10. Other concerns, stressors, or worries: _____

_____

11. How do you think we can help? _____

_____

12. Coping Style: When faced with concerns/challenges/stressors in the past, I have usually coped by _____

_____

13. Personality Style: 3 words I would use to describe myself are: _____

Physical Health

14. I would describe my overall health as _____ I (please circle) am / am not currently under the care of a physician. If so, for what condition(s)? _____

15. Are you currently taking any medications? Yes No If Yes, please list types and dosages _____

_____

16. Do you find your medications helpful? Yes No Somewhat N/A If Yes or Somewhat please explain _____

_____

17. Are you currently experiencing any negative side effects from your medications? Yes No N/A If Yes, please list _____

_____

18. Do you exercise? Yes No If Yes, how often? _____ What do you do? _____

19. Have you unintentionally lost or gained 10 pounds or more in the last month? Yes No If Yes, How much? _____

20. Have you engaged in any of the following activities? (please circle) Vomiting Purging Binging Food Restriction

21. Do you experience trouble swallowing or chewing? Yes No

22. Do you experience frequent indigestion? Yes No

23. Are you currently under the care of a medical provider for questions 19-22? Yes No

24. Are you experiencing any pain? Yes No
On a scale of 0 (no pain) to 10 (worst possible pain) please rate your pain: _____

25. Are you currently under the care of a medical provider for your pain? Yes No N/A

26. In your lifetime have you lost consciousness, had a concussion or been hit in the head? Yes No
If Yes, how many times? _____

Background

27. How many children were in your family? _____ Where do you fall in the birth order? _____

28. Where were you raised (what do you consider to be your hometown)? _____

29. Who were you raised by? _____

30. Did your parents ever separate or divorce? _____ If so, how old were you? _____

31. Father's occupation: _____ How did you get along with him? _____

32. Mother's occupation: _____ How did you get along with her? _____

33. Discipline in my family consisted of _____

34. As a child I had (please circle) no / few / many friends. I now have no / few / many friends.

35. School years completed: _____ I have a GED / HS Grad / AA / BA / Graduate Degree Other: _____

36. I got along with my teachers: very well / OK / not well. I got along with other students: very well / OK / not well.

37. Typical grades: _____ Favorite subject: _____ Least Favorite: _____

38. Participation in school activities (e.g., sports, clubs, etc.) _____

39. How do you learn best? (e.g. Reading, Seeing, Hands-on, Hearing, etc.) _____

40. Were you ever placed on probation, suspended, or expelled from school? Yes No If yes, please explain when, why and number of times: _____

_____

41. Please place a check by any of the following that you may have experienced and note your age at the time:

		Age			Age			Age
Nail Biting			Frequent Fighting			Physical Abuse		
Sleep Walking			Cruelty to Animals			Verbal Abuse		
Sleep Talking			Stealing			Sexual Abuse		
Bed Wetting			Reckless Driving			Running Away		
Bad Nightmares			Fire Setting			Learning/Academic Problems		
Hyperactivity			Anger Control Problems			Eating Disorder		

Relationships

42. Marital Status (Please circle): Single / Engaged / Married / Separated / Divorced / Widowed

43. If you are currently in a significant relationship, please answer the following questions (If no, go to question 44).
Partner's age: _____ Is your Partner also on active duty? Yes No If so, where/what branch? _____
How long have you been married or involved in this relationship? _____
How would you describe your relationship? _____

44. Have you (or your partner) been previously married? Yes No If Yes, please list all of your and/or your partners marriages, dates and reasons for ending the marriage.

_____

_____

45. If you have children, please list their names and ages _____

46. Where do your children reside? _____ How are things going with your children? _____

Military Experience

47. How old were you when you joined the military? _____ Why did you join the military? _____

48. What type of performance marks have you received? _____

49. Awards / Decorations received in military or civilian life? _____

50. Has your attitude towards military life and your job assignment changed recently? _____
If yes, please describe what is different: _____

51. Have you deployed previously? Yes No
If Yes, how many times? _____ Where to? _____

Substance Use

52. Describe your tobacco use: Never Rare Occasional Moderate Heavy

What tobacco products do you use? Cigarettes Cigars Smokeless Other: _____
How much tobacco do you use per day? _____

53. Describe your alcohol use: Never Rare Occasional Moderate Heavy

What type of alcohol do you consume? Beer Hard Liquor Mixed Drinks Other: _____
How many alcohol products do you consume per day _____ week _____ month_____?

Do you feel that alcohol has contributed to your difficulties? Yes No
If yes, explain _____

54. Have you ever had any kind of blackout? Yes No Withdrawal symptoms or shakes? Yes No

55. Have you ever attended treatment for any form of substance use? Yes No
If Yes, when _____, where _____, for how long _____?

56. Have you ever used illegal drugs? Yes No If so, when _____
Type of Drug(s) used and frequency _____

57. Did you receive a waiver for drug use to enter the military? Yes No

Legal History

58. Have you ever had problems with law enforcement agencies? Yes No If yes, please explain when and why:
_____

59. Have you ever been the subject of / defendant in a hearing, mast, trial and/or court-martial? Yes No
If Yes, please give the date, details, charges, and disposition _____

60. Are you now currently pending any legal investigations or charges? Yes No
If Yes, please explain _____

61. Did you have to sign a legal waiver in order to enlist? Yes No
If yes, please explain: _____

Personal/Family Psychiatric History

60. Has anyone in your family been seen by a psychologist or psychiatrist for emotional problems? Yes No Don't Know
If yes, who in your family and forwhat reason/condition?
_____

62. Has anyone in your family ever attempted or died by suicide? Yes No If Yes, who? _____

63. Have you ever sought help for emotional or psychological problems in the past (e.g., psychiatrist, psychologist, social worker, counselor, or clergy)? Yes No If yes, please explain when and describe the outcome _____
_____

64. Have you ever attempted suicide? Yes No If yes, please explain when and what you did _____
_____

65. Did you receive a waiver for mental health to enter the military? Yes No
If Yes, please explain _____

Strengths/Resources

66. What do you see as your strengths? (What interests/knowledge/skills do you feel you have?) _____

67. What resources do you draw upon to face challenges/ cope with difficulties/ or help you make decisions? _____
_____Has religious/spiritual belief been an important part of your life in the past? _____Now?_____

68. Is there anything else that you think we should know about you? Please use the rest of this page to tell us. Thank you.

PRIVACY ACT STATEMENT AND CONSENT FORM

AUTHORITY. Section 133, 1071-87, 3012, 5021, and 8012, Title 10 of the United States Code, and Executive Order 9397.

PERSONAL HISTORY QUESTIONNAIRE. This questionnaire provides us with background information about your past and present life experiences. Though some questions may appear too general or too personal, we trust you will not take offense to any of these items.

ROUTINE USES OF DATA. The information you provide will be used primarily for evaluation of your concerns.

LIMITATIONS TO CONFIDENTIALITY. It is important for you to know that there are limits to confidentiality. A written summary of each visit to Community Mental Health Services (CMHS) is maintained in your record. Although the confidentiality of our patients is kept with the utmost professionalism, access to information in your medical record is allowed when required by law and/or regulation, such as the following:

1. Your chain of command may have access to information contained in the medical record.
2. Your condition may require disqualification from special duties such and/or loss of security clearance and removal from duties involving access to classified material or weapons.
3. Your record may be subject to subpoena when ordered by a judge.
4. If the CMHS staff believe that you intend to harm yourself or someone else, it is our duty to effect appropriate action to protect you or others.
5. In situations of suspected child/spouse/elderly abuse, it is our duty to inform appropriate agencies.
6. If you tell us of a violation of military regulations or law, we may be required to disclose this information to others.
7. Other people involved with your health care have access to information in your medical record without your written consent.

DISCLOSURE. Disclosure is voluntary. There are no legal consequences of refusal to disclose, although failure to discuss your concerns may delay provision of appropriate services. You are free to withdraw your consent and to discontinue your participation at any time without prejudice. However, if you are command referred you must complete a psychological evaluation with a military psychologist. It is in your best interest to cooperate with command referred evaluations.

PROCEDURES. Procedures may include interviews, testing and administration of questionnaires.

ACKNOWLEDGMENT OF PRIVACY RIGHTS AND LIMITATIONS. I have read the above, understand the need for and intended use of the information made known by way of these procedures, and I freely and voluntarily agree to their use as described.

_____	_____	_____
Signature	Provider/68X/Witness	Date